Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

The beginning 07/01/16 and ending 06/30/17

2016 Open to Public Inspection

| _ | FO7 L | HE AUTO C | alendar year, or tax year beginning 0//01/10 , and ending 00/30/1 | <u>. /</u> | | | | | | | |
|-------------------------------|-----------------------------------|-------------------|--|-----------------------------|-------------------|---------------------------------------|--|--|--|--|--|
| В | Check if | applicable | C Name of organization South Florida Symphony Crchestra, | | D Employe | identification number | | | | | |
| X, | Address | change | Inc. | | | | | | | | |
| | Name cl | hacne | Doing business as | | 65-0 | 846695 | | | | | |
| : | | | Number and street (or P O box if mail is not delivered to street address) | Room/suite | E Telephon | e numbe: | | | | | |
| | imbal rei Final rei | | 22C1 Wilton Drive, Suite 12 City or town state or province country and ZIP or foreign postel code | | 954- | 522-8445 | | | | | |
| | terminated | | | | | | | | | | |
| , - t | Amende | n retum | Wilton Manors FL 33305 | | G Gross reco | aipts\$ 1,543,426 | | | | | |
| , | | | F Name and address of principal officer | Heat in the com | ura colura for re | ubordinales? Yes X No | | | | | |
| - | . Application Cacqueline Lorber | | | | | | | | | | |
| | | | 2201 Wilton Drive, Suite 12 | H(b) Are all sub | ordinates incli | uded? Yes No | | | | | |
| | | | Wilton Manors FL 33305 | If "No," | altach a list. | (see instructions) | | | | | |
| 1 | Тал-ех | empt status | X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 U 5 |] | | | | | | | |
| J | Websit | :o: > W | www.southfloridasymphony.org | H(c) Group exe | edmun nodam | r▶ | | | | | |
| ĸ | Form of | organization: | | ar of formation 1 | | M State of legal dom cile FL | | | | | |
| | art l | | immary | | | | | | | | |
| | T | | scribe the organization's mission or most significant activities | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| đì | 1 | | oth Florida Symphony performed 50 concerts and events annually thr | oughout Soi | th Flor | ida including | | | | | |
| Activelies & Governance | 1 | | each, Broward, Miami Dade and Monroe Counties The "Symphony in So | | | | | | | | |
| Ē | | | in throughout the region including at risk children in rural areas | | | | | | | | |
| ě | _ | | | | | > 1 > 1 | | | | | |
| ß | 2 | Check thi | is box if the organization discontinued its operations or disposed of more than 29 | of its net ass | ets | _ | | | | | |
| ٥đ | 3 | Number of | of voting members of the governing body (Part VI, line 1a) | | $\frac{3}{3}$ | 6 | | | | | |
| €83 | 4 | Number of | of independent voting members of the governing body (Part VI, line 1) | Ü | 4 | 5 | | | | | |
| \$ | 5 | | nber of individuals employed in calendar year 2016 (Part V, line 2a) | 2018 | 5 | 0 | | | | | |
| <u>`3</u> | 6 | | nber of volunteers (estimate if necessary) | , lo | 6 | 50 | | | | | |
| (4) | | | | | 7a | 30,763 | | | | | |
| | 1 . | | | \forall , \cup \cdots | | -6,792 | | | | | |
| 晉 | 0 | wet unrei | ated business taxable income from Form 990-T, line 34 | Prior Ye | J 7b | Current Year | | | | | |
| ANREVENDEFEIR | ۰ | Contribut | ions and grants (Part VIII, line 1h) | | 4,838 | 937,130 | | | | | |
| É. | ů | | | | | | | | | | |
| 16 | 9 | - | service revenue (Part VIII, line 2g) | 46 | 4,690 | 606,296 | | | | | |
| 1 | 10 | Investme | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | | 0 | | | | | |
| Z | 11 | Other rev | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0 | | | | | |
| <u> </u> | 12 | Total reve | enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,169 | 9,528 | 1,543,426 | | | | | |
| S | 13 | Grants ar | nd similar amounts paid (Part IX, column (A), lines 1-3) | | | 0 | | | | | |
| 4// | 1 | | paid to or for members (Part IX, column (A), line 4) | | 0 | | | | | | |
| m | l | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | 88 | 3,569 | 80,845 | | | | | |
| Expenses | l | | nal fundraising fees (Part IX, column (A), line 11e) | | 4,452 | 34,591 | | | | | |
| Ĕ | Į. | | | | 1,102 | 34,331 | | | | | |
| X | i | | | 1 00/ | 200 | 1 200 000 | | | | | |
| | | | nenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,382 | 1,380,868 | | | | | |
| | ı | | enses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 3,403 | 1,496,304 | | | | | |
| | 19 | Revenue | less expenses Subtract line 18 from line 12 | | 3,875 | 47,122 | | | | | |
| let Assets or and Salances | | | <u> </u> | Beginning of Cur | | End of Year | | | | | |
| Set | 20 | | ets (Part X, line 16) | | 0,443 | 74,066 | | | | | |
| it Ag | 21 | Total liabi | lities (Part X, line 26) | | 3,034 | 344, 535 | | | | | |
| ž | 22 | Net asset | s or fund balances. Subtract line 21 from line 20 | -31 | 7,591 | <u>-270,469</u> | | | | | |
| P | art II | Sig | gnature Block | | | | | | | | |
| Ü۲ | ider pe | nalties of p | erjury, I declare that I have examined this return, including accompanying schedules and statemen | its, and to the be | est of my kn | owledge and belief, it is | | | | | |
| tru | e corr | ect, and co | implete. Declaration of preparer other than officer) is pased on all information of which preparer has | is any knowledg | e | | | | | | |
| | | | Jer III te | | | 1/8/18 | | | | | |
| Sig | n | Sı | goalure of officer | | Date | | | | | | |
| Jiy Hei | | 1 | | lont o | | | | | | | |
| пеі | t | | po or print name and title | lent & C | ,EU | | | | | | |
| | | | | | | (31 | | | | | |
| | | Print/Type | preparer's name Preparer's signature | Date | Check | I PTIN | | | | | |
| Paic | | Michae. | 1 J. Robbins | 01/08 | /18 self-em | | | | | | |
| | parer | F rm's nam | ROBBINS & LANDINO, PA | F | rm's EIN | 65-0356804 | | | | | |
| Jse | Only | | 222 S.E. 10th Street | | | | | | | | |
| | | Firm's add | . Dant I | , p | hone ro | 954-467-3100 | | | | | |
| vlav | the IF | | s this return with the preparer shown above? (see instructions) | | | X Yes No | | | | | |
| | | | | ** *** * * | | 1471 1 140 | | | | | |

| P, | | | a Symphony Orchestra, | 65-0846695 | Page 2 |
|-------------|---------------------------------|--|---|--|--------------------|
| • | | | m Service Accomplishments | | رب |
| | | | ontains a response or note to any line | in this Part III | |
| I | he orche aliber t | o South Flo | icated to bringing orcherida. Its mission is to erve through Music. | estral music of the hi o Delight, Inspire and | ghest Educate |
| 2 | prior Form 990 | | nificant program services during the year which w | vere not listed on the | Yes X No |
| 3 | Did the organization | ation cease conducting, | or make significant changes in how it conducts, a | any program | Yes X No |
| 4 | Describe the orgenees Sect | ion 501(c)(3) and 501(c | hedule O ervice accomplishments for each of its three large ervice accomplishments for each of its three large ervice)(4) organizations are required to report the amou for each program service reported | | |
| F F S | lorida r pent ove | region atten er \$100,000 lesigners, p | 1,108,151 including grants of \$ ries of concert product: ded by more than 10,000 in marketing, providing ublications, musicians | patrons and students. jobs for hundreds inc | The SFSO luding |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | , |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | Other program s (Expenses \$ | services (Describe in Sc | chedule O) Including grants of \$ 1,108,151 |) (Revenue \$ | |

Form **990** (2016)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A X Is the organization, required to complete Schedule B. Schedule of Contributors (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ complete Schedule D. Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Χ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Χ reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Χ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Χ the organization's Trability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ Schedule D. Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ 17 Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 If "Yes," complete Schedule G, Part III

Checklist of Required Schedules (continued) Yes No Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ through 24d and complete Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Χ disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes." complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ related organization? If "Yes." complete Schedule R. Part V. line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note, All Form 990 filers are required to complete Schedule O

38

38

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2016)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 297 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Χ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ь 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Χ 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or Χ gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. is the organization licensed to issue qualified health plans in more than one state? 13a Note See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand 14a Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

Form 990 (2016) South Florida Symphony Orchestra, 65-0846695 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 5 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Я Χ а The governing body? Χ 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Χ 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure FLList the states with which a copy of this Form 990 is required to be filed ▶ 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records Jacqueline Lorber 2201 Wilton Drive, Suite 12 954-522-8445 FL 33305 Wilton Manors

| Form 990 (2016) Sout | <u>n Florida</u> | Symp | <u>hc</u> | ony | <u> C</u> | ro | <u>:he</u> | st | <u>ra, 65-084</u> | <u>6695</u> | | age 7 |
|--|--|-------------------|--------------------|-----------------------|--------------|---------------|---------------------------------|--------|---|--|--|--------------|
| | | | rec | tors | s, T | ru | stee | es, i | Key Employees, High | nest Compensated E | mployees, and | |
| · · · · · · · · · · · · · · · · · · · | dent Contracto | | | | | | | | | | | |
| | | | | _ | | | | | any line in this Part \ | | | |
| | | | | | | | | | Compensated Employees | | | |
| 1a Complete this table for a organization's tax year | | | | • | | | | | | | | |
| compensation Enter -0- in c | olumns (D), (E), ar | id (F) if no | СО | mpe | nsat | lion | was | paıd | | | | |
| | | | | | | | | | for definition of "key employ | | | |
| List the organization's who received reportable con organization and any related | npensation (Box 5 o | of Form W | 1sat /-2 | ted e and/d | mpio or B | oyee | of F | orm | than an officer, director, true 1099-MISC) of more than \$ | stee, or key employee) 6100,000 from the | | |
| List all of the organiza \$100,000 of reportable com | | | • | - | | | _ | | mpensated employees who nizations | received more than | | |
| List all of the organiza organization, more than \$10 | | | | | | | | | the capacity as a former dir n and any related organizati | | | |
| List persons in the following compensated employees, ar | | | dire | ctors | , ıns | stitu | tional | l trus | stees, officers, key employe | es, highest | | |
| Check this box if neither | the organization no | or any rela | ated | orga | anız | atıo | n cor | nper | nsated any current officer, d | rector, or trustee | | |
| (A) Name and Title | (B) Avera hours wee | ge per k | box, | not che unless | s pers | ion nore i | both | an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | |
| | hours relate organiza betow d line | ed director otted | Individual trustee | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations | |
| (1) Jacqueline | Lorber | | \top | 寸 | | | | | | | | |
| President & CEO | 60. | 00 > | | | x | | | | 40,550 | 0 | | 0 |
| (2) Charles Lane | e | | | | | | | | | | | |
| | 10. | | 1 | | | | | | _ | _ | 1 | _ |
| Chair | | 00 X | 4 | _ | X | | | | 0 | 0 | | 0 |
| (3) Bruce Presle | - 1 | | | | | | | | : | | | |
| Vico Chair | 10. | 00_\ | , | | $_{\rm X}$ | | | | 0 | 0 | | 0 |
| <u>Vice Chair</u> (4)Phillip Mia | | 00-12 | + | | | | | | | | | |
| William b mig | 10. | 00 | | | | | | | | | | |
| Director | | 00 > | ζ | | | | | | o | 0 | | 0 |
| (5) Michael Cap | | 7 | 7 | | \neg | | | | | | | |
| L | 10. | 00 | | | | | | | | | | |
| Director | 0. | 00 Y | <u>{ </u> | | | | | | 0 | 0 | | 0 |
| (6) Paula Valad | | | | | | | | | | | | |

Χ

0

41,550

Music Director 0.00
(8)

(9)

(10)

(11)

DAA

0

| | (A) Name and title | (B) (C) (D) Average Position Reportable hours per (do not check more than one week box, unless person is both an (list any officer and a director/trustee) the | | Reportable compensation from the | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the | | | | | | | | | |
|---------------------|---|---|----------------------------------|---|--|---|----------------------------------|-----------------------------|-----------------|---|--|--|--|-----------------|-------------|
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | organization (W-2/1099-MISC) | | | from the organization and relation organization organization | on ed | |
| | | | | | | | | | | | | | | _ | |
| | | | | | _ | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | 00 100 | | | | | |
| 1b c <u>d</u> | Sub-total Total from continuation shee Total (add lines 1b and 1c) | | | | | | | > > > | - | 82,100 | 20,000,4 | | | | |
| | Total number of individuals (increportable compensation from | | | 0 | ose | liste | d abo | ove) |) W | no received more than \$10 | | | | Yes | No |
| 3 4 5 | Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and person listed on line 1a for services rendered to the organization. | complete Schedu 1a, is the sum o izations greater to | ile J f rep han s ue co | for s ortab \$150 ompe | uch i ele co ,000 ensat | indivompe ompe on if " | riduai ensai 'Yes, irom | tion " <i>coi</i> any | an <i>mp</i> | nd other compensation froi plete Schedule J for such nrelated organization or inc | m the | | 3 4 5 | | х х х |
| | on B. Independent Contracto Complete this table for your fiv | rs | | | | | | | | | n \$100,000 of | | | | |
| 1 | compensation from the organiz | (A) business address | nper | nsatio | on fo | r the | cale | enda | ar y | <u>year ending with or within t</u> | the organization's tax year (B) tion of services | | Con | (C) ipensati | on |
| | | | | | | | | | | | | | | <u></u> | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 2 DAA | Total number of independent c | ontractors (included to compensation | ding from | but n | ot lin orga | nited nizat | I to th | nose | e lu | sted above) who | 0 | | Form | 990 | (2016) |

Form 990 (2016) South Florida Symphony Orchestra, 65-0846695 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) (D) Revenue Total revenue Unrelated exempt business excluded from tax function under sections revenue revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a Membership dues 1b 808,823 Fundraising events 1c Related organizations 1d 1e 128,307 Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 38,337 h Total. Add lines 1a-1f 937,130 Program Service Revenue Busn Code 711130 2a 318,787 318,787 Admissions 711130 b 256,746 256,746 Memberships 541800 30,763 c 30,763 Program Book Advertising d e All other program service revenue Total. Add lines 2a-2f ▶ 606,296 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss)

8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events \blacktriangleright 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances Less cost of goods sold b Net income or (loss) from sales of inventory

1,543,426

575,533

▶

Busn Code

▶

Form **990** (2016)

0

30,763

11a b c Net gain or (loss)

All other revenue

Total. Add lines 11a–11d

Miscellaneous Revenue

Total revenue. See instructions

Form 990 (2016)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

DAA

X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) (B) Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 29,186 80,845 35,911 15,748 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management Legal 10,930 10,930 Accounting С d Lobbying 34,591 34.591 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 43,389 99,793 476,443 619,625 (A) amount, list line 11g expenses on Schedule O) 216,777 216,777 Advertising and promotion 12 10,216 8.094 2,122 13 Office expenses 1,468 ,468 14 Information technology 15 Royalties 59,185 59,185 177,573 59,203 16 Occupancy 86,879 86,879 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,114 4,114 19 Conferences, conventions, and meetings 1,552 1,552 20 Interest Payments to affiliates 21 147 147 147 441 22 Depreciation, depletion, and amortization 4. 114 114 23 Insurance Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 180,733 180,733 Performance Expense 25,676 25,676 Dues and Subscriptions 19,776 19,776 Bank and Credit Card Fees 11,468 ,468 Meals and Entertainment 3,096 3,335 9,526 All other expenses 175,594 1,496,304 108,151 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2016) South Florida Symphony Orchestra, 65-0846695

Part X Ralance Sheet

| 17.6 | 3IT X | | | | |
|------------------|-------|---|--------------------------|-----|------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest bearing | 16,411 | 1 | -16,626 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 65,938 | 4 | 20,339 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees | | 1 | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | 1 | |
| y, | | organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 16,125 | 9 | 16,125 |
| | 10a | Land, buildings, and equipment cost or | | | - |
| | | other basis Complete Part VI of Schedule D 10a 87, 926 | | | |
| | b | Less accumulated depreciation 10b 42,598 | 469 | 10c | 45,328 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 1,500 | 15 | 8,900 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 100,443 | 16 | 74,066 |
| | 17 | Accounts payable and accrued expenses | 103,797 | 17 | 49,131 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| ç | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| abi | | disqualified persons Complete Part II of Schedule L | 103,589 | 22 | 102,411 |
| j | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 210,648 | 24 | 192,993 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 418,034 | 26 | 344,535 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| es | | complete lines 27 through 29, and lines 33 and 34 | | | |
| au | 27 | Unrestricted net assets | -317,591 | 27 | -270 <u>,469</u> |
| or Fund Balances | 28 | Temporarily restricted net assets | | 28 | |
| 5 | 29 | Permanently restricted net assets | | 29 | |
| Ξ. | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and | | | |
| ŏ | | complete lines 30 through 34. | | | |
| Set | 30 | Capital stock or trust principal, or current funds | | 30 | <u> </u> |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets | 32 | Retained earnings, endowment, accumulated income, or other funds | 0.1 7 5.1 | 32 | 0.70 4.50 |
| _ | 33 | Total net assets or fund balances | -317,591 | 33 | -270,469 |
| | 34 | Total liabilities and net assets/fund balances | 100,443 | 34_ | 74,066 |

| orm | 990 (2016) South Florida Symphony Orchestra, 65-0846695 | | | | 'age 1∠ | | | |
|--|---|----|----------|--|--------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | _ | <u>,426</u> | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1, | | <u>, 304</u> | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | <u>,122</u> | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | <u>317</u> | <u>,591</u> | | | |
| 5 | 5 Net unrealized gains (losses) on investments 5 | | | | | | | |
| 6 Donated services and use of facilities 6 | | | | | | | | |
| 7 | Investment expenses | 7_ | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | | | | |
| | 33, column (B)) | 10 | <u> </u> | <u>270</u> | <u>,469</u> | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | |
| | | | _ | Ye | s No | | | |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | 1 | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | • | | - | | | |
| | Schedule O | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | <u>a </u> | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | 1 | | | |
| | reviewed on a separate basis, consolidated basis, or both | | [| | ŧ | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | 5 | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | Ì | | | | | |
| | separate basis, consolidated basis, or both | | | | į | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 | <u>c </u> | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | | | |
| | Schedule O | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | ŀ | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3 | <u>a </u> | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 | | | | | |
| | | | | Form 9 | 90 (2016) | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

South Florida Symphony Orchestra,

Employer identification number 65-0846695

| P | art I | Reas | on for Public Charity : | Status (All organizations r | must co | mplete : | this part)See instruction | s | | |
|-----|--|--|---|---|-------------|--|---------------------------------------|-----------------------------------|--|--|
| Γhe | orgai | nization is not a | a private foundation because | it is (For lines 1 through 12, che | ck only or | ne box) | | 27 | | |
| 1 | | A church, cor | evention of churches, or asso | ciation of churches described in s | section 1 | 70(b)(1)(| A)(i). | 1)1 | | |
| 2 | П | A school desc | cribed in section 170(b)(1)(A | i)(ii). (Attach Schedule E (Form 9 | 990 or 990 |)-EZ)) | | O ' | | |
| 3 | | | | e organization described in section | | | | | | |
| 4 | \sqcap | - | | in conjunction with a hospital des | | | | ital's name | | |
| • | | city, and state | • | m conjunction with a neephan dec | 3011000 111 | 00011011 | | itaro namo, | | |
| _ | | • | | a college or unwarety award or | anaratad | h., a aa., | romental unit described in | | | |
| 5 | | • | • | a college or university owned or | operated | by a gove | emmentar unit described in | | | |
| _ | | • | b)(1)(A)(ıv) (Complete Part I | • | 4: 470/ | L\(4\(4\) | ۸ | | | |
| 6 | | | • | vernmental unit described in sec | • | | | | | |
| 7 | X | - | on that normally receives a si section 170(b)(1)(A)(vi). (Co | ubstantial part of its support from implete Part II) | a govern | mental ur | iit or from the general public | | | |
| 8 | | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | |
| 9 | | An agricultura | al research organization desc | ribed in section 170(b)(1)(A)(ix) | operated | ın conjur | ction with a land-grant college | | | |
| | | or university of | or a non-land grant college of | agriculture (see instructions) En | iter the na | ime, city, | and state of the college or | | | |
| | | university | | | | | | | | |
| 10 | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross | | | | | | | | | |
| | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its | | | | | | | | | |
| | | | • | d unrelated business taxable inco | • | | 11 tax) from businesses | | | |
| | <u>1</u> | | • | , 1975 See section 509(a)(2) . (0 | | • | | | | |
| 11 | | • | • | clusively to test for public safety | | | • • • | | | |
| 12 | | • | • | clusively for the benefit of, to per | | | | | | |
| | of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) | | | | | | | | | |
| | Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g | | | | | | | | | |
| | a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the | | | | | | | | | |
| | | | • • • • • | | | r tne airec | tors or trustees of the | | | |
| | | (-1 · · · | • • | mplete Part IV, Sections A and | | | | | | |
| | þ | | | ervised or controlled in connection | | | | | | |
| | | | | ng organization vested in the sar | ne persor | is that co | ntrol or manage the supported | | | |
| | | | ion(s) You must complete | | | | | | | |
| | С | | | upporting organization operated in ructions) You must complete P | | | | | | |
| | ď | | | . A supporting organization opera | | | · · · · · · · · · · · · · · · · · · · |) | | |
| | | | | organization generally must satis | - | | | | | |
| | | requireme | ent (see instructions) You m | ust complete Part IV, Sections | A and D | , and Pai | t V . | | | |
| | е | | | ived a written determination from | | | Type I, Type II, Type III | | | |
| | | | | functionally integrated supporting | y organiza | ILIOTI | | | | |
| | f | | nber of supported organization | | | | | | | |
| | g | | ollowing information about the | | | | | <u> </u> | | |
| (| | e of supported ganization | (II) EIN | (iii) Type of organization (described on lines 1–10 | , , | organization or governing | (v) Amount of monetary support (see | (vi) Amount of other support (see | | |
| | OI S | garnzadon | | above (see instructions)) | | ment? | instructions) | instructions) | | |
| | | | | | Yes | No | · | · | | |
| (A) | | | | | | | | | | |
| (, | | | | | | | | | | |
| (B) | | | | | | | | | | |
| (-, | | | | | | 1 | | | | |
| (C) | | | | | | | | | | |
| (-) | | | | | | | | | | |
| (D) | | | | | <u> </u> | | | · - | | |
| (D) | | | | | | | | | | |
| (E) | | | | | | | | | | |
| (E) | | | | | | | | | | |
| | | | | | - | | <u></u> | | | |
| | | | | | 1 | 1 | | | | |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec | tion A. Public Support | | | | | | |
|------------|--|---|-----------------------|------------------------|----------------------|----------------|----------------|
| Caler | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 171,789 | 378,970 | 698,141 | 704,838 | 937,130 | 2,890,868 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | - | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 171,789 | 378,970 | 698,141 | 704,838 | 937,130 | 2,890,868 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | 519,600 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 2,371,268 |
| | tion B. Total Support | (-) 2040 | (t-) 2042 | (5) 2014 | (4) 2045 | (2) 2016 | (f) Total |
| | idar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 171,789 | 378,970 | 698,141 | 704,838 | 937,130 | 2,890,868 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2,890,868 |
| 12 | Gross receipts from related activities, etc. (s | | | | | 12 | 575,533 |
| 13 | First five years. If the Form 990 is for the o | organization's first, | second, third, fourth | , or fifth tax year as | s a section 501(c)(3 | 3) | |
| | organization, check this box and stop here | | | | | | • |
| Sec | tion C. Computation of Public Su | • | | | | | |
| 14 | Public support percentage for 2016 (line 6, | | |)) | | 14 | <u>82 03 %</u> |
| 15 | Public support percentage from 2015 Scheo | | | | | 15 | 91.87 % |
| 16a | | | | | /3% or more, checl | k this | ▶ ☑ |
| | box and stop here. The organization qualifi | | • | | 00.4/00/ | | ightharpoons |
| b | 33 1/3% support test—2015. If the organiz | | | | 33 1/3% or more, | check | ▶ □ |
| 4 - | this box and stop here . The organization qu | - | | | 405 | | |
| 17a | 10%-facts-and-circumstances test—201 | - | | | | | |
| | 10% or more, and if the organization meets | | | | | | |
| | Part VI how the organization meets the "fac | is-anu-circumstand | es lest the organi | ization qualifies as | a publicly supporte | u | ▶ [|
| b | organization | E If the organization | un did not chack a hi | ov on line 12 16a | 16h or 17a and lin | 10 | |
| b | 10%-facts-and-circum stances test—201 15 is 10% or more, and if the organization in | - | | | | i c | |
| | Explain in Part VI how the organization mee | | | | | v | |
| | supported organization | its the Tacts-and-Cl | roumstances test | rne organization q | damies as a publici | y | ▶ □ |
| 18 | Private foundation. If the organization did | not check a box on | line 13, 16a, 16b, 1 | 7a. or 17b. check t | this box and see | | |
| | instructions | Greek a box on | | , 5. 175, OHOOR | 50% 4114 500 | | ▶ □ |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2016 South Florida Symphony Orchestra,
Part III Support Schedule for Organizations Described in Section 509(a)(2)

| Support Schedule for Significations Described in Section 300(-)(-) | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II | | | | | | | | | |
| If the expension fails to qualify under the tests listed below please complete Part II.) | | | | | | | | | |

| | if the organization falls to o | quality urider tr | ie tests listed b | elow, please co | inplete Fart II |) | | / |
|-------|--|----------------------|-----------------------|------------------------|----------------------|--------------|---|--------------|
| | tion A. Public Support | | | | (1) 0045 | 4.) 0040 | 1 | (D. Tatal |
| Calen | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | $-\!$ | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | / | 4 | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | /_ | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | , | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | _ | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| С | Add lines 7a and 7b | | | / | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | | |
| | line 6) | <u> </u> | <u> </u> | 1 | | | | |
| | tion B. Total Support | (-) 2042 | (b) 2013 | (a) 2014 | (d) 2015 | (e) 2016 | | (f) Total |
| | .aa. yea. (e. meea. year angg, | (a) 2012 | (B) 20/13 | (c) 2014 | (a) 2015 | (e) 2010 | | (i) rotai |
| 9 | Amounts from line 6 | | - | | | | - | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | - | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | | |
| 14 | First five years. If the Form 990 is for the | organization's first | , second, third, four | th, or fifth tax year | as a section 501(c) | (3) | | |
| - • | organization, check this box and stop here | | | | | | | ▶ □ |
| Sec | tion C. Computațiốn of Public Su | ıpport Percen | tage | | | | | |
| 15 | Public support percentage for 2016 (line 8, | | | (f)) | | | 15 | % |
| 16 | Public support percentage from 2015 Sche | | | | | | 16 | % |
| | tion D. Computation of Investme | | | | | | | |
| 17 | Investment income percentage for 2016 (li | | | column (f)) | | | 17 | %_ |
| 18 | Investment income percentage from 2015 | | | | | | 18 | % |
| 19a | 33 1/3% support tests—2016. If the orga | | | 14, and line 15 is m | nore than 33 1/3%, | and line | | |
| | 17 is not more than 33 1/3%, check this bo | | | | | | | ▶ 📙 |
| b | 33 1/3% support tests—2015. If the orga | nization did not ch | eck a box on line 1 | 4 or line 19a, and lir | ne 16 is more than | 33 1/3%, and | | |
| ~ | line 18 is not more than 33 1/3%, check this | s box and stop he | ere. The organization | on qualifies as a put | olicly supported org | anızatıon | | ▶ 📙 |
| 20 | Private foundation. If the organization did | | | | | | | ▶ [] |
| | | | | | | | | |

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

| Sect | ion A. All Supporting Organizations | | | |
|------|---|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain | _ 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2) | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | ŀ | | |
| | despite being controlled or supervised by or in connection with its supported organizations | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, | | | |
| | (III) the authority under the organization's organizing document authorizing such action, and (IV) how the action | ŀ | | |
| | was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |

by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | 1 | | |
|------|---------------|-----------|----------|
| | | | |
| | 2 | | |
| | 3a | | |
| | | | |
| | 3b | | |
| | 3с | | |
| | 4a | | |
| | | | |
| | 4b | | |
| | | | |
| | | | |
| | 4c | | |
| | | | |
| | | | |
| | 5a | | |
| | 5b | | |
| | 5c | | |
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| | 6 | | |
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| | | | |
| | 8 | | |
| | 0- | | • |
| | 9a | | |
| | 9b | | |
| | 9с | | |
| | | | |
| | 10a | | · |
| | | | |
| \ (F | 10b orm 99 | 0 or 990- | EZ) 2016 |

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

3a

| Schedu | <u>le A (Form 990 or 990-EZ) 2016 South Florida Symphony Orche</u> | estr | <u>65-0846</u> | 695 Page 6 |
|--------|--|---------|----------------------------|--------------------------------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nizati | ions | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2 | 20, 197 | 0 (explain in Part VI) See | |
| | instructions. All other Type III non-functionally integrated supporting organizations must co | omplet | e Sections A through E | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1_ | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| col | ection of gross income or for management, conservation, or | | | |
| ma | Intenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | [| | |
| ıns | tructions for short tax year or assets held for part of year) | | | |
| | Average monthly value of secunties | 1a | | |
| | b Average monthly cash balances | 1b | | |
| | c Fair market value of other non-exempt-use assets | 1c | | |
| | d Total (add lines 1a, 1b, and 1c) | 1d | | |
| | e Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| see | e instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | • | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| em | ergency temporary reduction (see instructions) | 6 | | |
| | | | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2016

and 4c

8

Breakdown of line 7

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Page 8

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2016 Open to Public

Inspection

Employer Identification number

South Florida Symphony Orchestra, 65-0846695 Inc Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

| Sche | | orida Symph | | | | | 846695 | | Page 2 |
|------|---|---|--|-------------------|--|------------|---------------------|----------------|-----------------|
| Pa | rt III Organizations Maintainii | ng Collections of | Art, His | torical Tre | easures, c | r Other | Similar Asse | ts (continue | ed) |
| 3 | Using the organization's acquisition, access collection items (check all that apply): | sion, and other records, | check any | of the follow | ing that are a | significan | t use of its | | |
| а | Public exhibition | d \square | Loan or ex | xchange prog | rams | | | | |
| b | Scholarly research | | Other | J- p | | | | | |
| c | Preservation for future generations | - Ш | • | | | | | | |
| 4 | Provide a description of the organization's of | collections and explain h | now they fi | irther the ora: | anization's ex | empt purp | ose in Part | | |
| • | XIII | · | - | | | | , ooo iii r di (| | |
| 5 | During the year, did the organization solicit | or receive donations of | art, histori | cal treasures, | , or other sım | ılar | | | |
| | assets to be sold to raise funds rather than | | rt of the or | ganization's c | collection? | | | Ye | s No |
| Pa | rt IV Escrow and Custodial A | | | | | | | _ | |
| | Complete if the organization 990, Part X, line 21 | on answered "Yes' | on Forr | m 990, Par | t IV, line 9 | , or repo | orted an amoui | nt on Form | |
| 1a | Is the organization an agent, trustee, custod | dian or other intermedia | ry for cont | ributions or of | ther assets n | ot | | | |
| | ıncluded on Form 990, Part X? | | | | | | | Ye | s 🗌 No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the follo | wing table | ! | | | | | |
| | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | |
| | Additions during the year | | | | | | 1d | | |
| e | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | 1f | | |
| | Did the organization include an amount on I | Form 990 Part X line 2 | 1 for escr | ow or custod | ial account lia | ability? | | Ye | s No |
| | If "Yes," explain the arrangement in Part XII | | | | | - | | | |
| | art V Endowment Funds. | | | | | | | | |
| | Complete if the organization | on answered "Yes' | on Forr | n 990. Par | t IV. line 1 | 0 | | | |
| | | (a) Current year | Ĭ | nor year | (c) Two yea | | (d) Three years bad | ck (e) Four | r years back |
| 12 | Beginning of year balance | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | ··· · | ,,,, | | | | • |
| | Contributions | | | | | | | - | |
| | | | <u> </u> | | | - | | | |
| · | Net investment earnings, gains, and | | | | | | | | |
| | losses | | | - | | | • | | |
| | Grants or scholarships | | | | | | | <u> </u> | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs | | | | | _ | | | |
| T | Administrative expenses | | | | | | | | |
| 9 | End of year balance | | 4 4 | 1 ()) 1 | <u> </u> | | | | |
| 2 | Provide the estimated percentage of the cu | • | (line 1g, co | olumn (a)) he | ld as | | | | |
| a | Board designated or quasi-endowment ▶ | % | | | | | | | |
| | | % | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c sh | · · | | | | | | | |
| 3a | Are there endowment funds not in the poss | ession of the organizati | ion that are | e held and ad | ministered fo | r tne | | ſ | <u></u> |
| | organization by | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(ı) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organi | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | vment fund | s | | | | | |
| Pε | art VI Land, Buildings, and Eq | | | | | | _ | | _ |
| | Complete if the organizati | on answered "Yes | <u>" on For</u> ı | <u>m 990, Pai</u> | rt IV, line 1 | 1a See | <u>Form 990, Pa</u> | irt X, line 10 |) |
| | Description of property | (a) Cost or other | | (b) Cost or o | | | Accumulated | (d) Book | value |
| | | (investment) |) | (oth | er) | de | epreciation | | |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | | 32,800 | | 139 | | 32 , 661 |
| | Equipment | | | | 55,126 | | 42,459 | | 12,667 |
| e | Other | | | | | | | | |
| Tota | I Add lines 1a through 1e (Column (d) must | equal Form 990, Part | X, column | (B), line 10c) |) | | • | | 45,328 |

| 1. | (a) Description of liability | (b) Book value | |
|----------------------|---|----------------|--|
| (1) Federal income | e taxes | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) m | ust equal Form 990, Part X, col (B) line 25) ▶ | • | |

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

| Sche | dule D (Form 990) 2016 South Florida Symphony Orche | estra, 65-084 | 6695 | Page 4 |
|------|--|---------------------|-------------|---------------|
| | rt XI Reconciliation of Revenue per Audited Financial Staten | | | 1 090 4 |
| | Complete if the organization answered "Yes" on Form 990, | • | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | ments With Expenses | per Return. | |
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

South Florida Symphony Orchestra, Name of the organization Employer identification number 65-0846695 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations X Internet and email solicitations X Solicitation of government grants X Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (IV) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions' col (1) Frank Galloway Yes No Grant 1 801 NE 18th Court, Unit 311 Writer 128,307 25,005 103,302 Fort Lauderdale FL 33305 Х 2 Ernie Ospina 1420 Riverwood Lane 7,990 Consultant Χ 0 -7,990Coral Springs FL 33071 7 9 10 \blacktriangleright 128,307 32,995 95,312 Total

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

| | edul art | than \$15,000 of | vents. Complete if | the organi contributio | da Sympho zation answere ins and gross ii | d "Yes" on I | Form 990, F | Part IV, line 1 | 46695 Page 2 8, or reported more 6b List events with |
|-----------------|--------------------|---|-----------------------------|---------------------------|---|--------------|--|-----------------|---|
| | | <u>. gross receipts g</u> | (a) Event #1 | | (b) Event | #2 | (c) Othe | r events | (d) Total events |
| e) | | | (event type) | | (event type | e) | (total r | lumber) | col (c)) |
| Revenue | 1 | Gross receipts | | | | | | | |
| | 2 | Less Contributions | | | | | <u> </u> | | |
| | 3 | Gross income (line 1 minus | | | | | | | |
| | | line 2) | | | | | | · · · · · | |
| | 4 | Cash prizes | | | | | - | | |
| | 5 | Noncash prizes | | | | | ļ | | |
| Direct Expenses | 6 | Rent/facility costs | | | | | | | |
| | 7 | Food and beverages | | | | | | | |
| | 8 | Entertainment | | | | <u> </u> | | | |
| | 9 | Other direct expenses | | | | | _ | | |
| | 10 | Direct expense summary | Add lines 4 through 9 in | column (d) | | | | • | |
| | | Net income summary Sub | stract line 10 from line 3. | column (d) | | | | • | |
| Р | art | | plete if the organiza | | ered "Yes" on | Form 990, P | art IV, line | 19, or reporte | ed more |
| une | | than \$15,000 C | on Form 990-EZ, lin | le oa | (b) Pull tabs | | (c) Oth | ner gaming | (d) Total gaming (add col (c)) |
| Revenue | | | | | | | | | |
| | 1 | Gross revenue | | | | | | | <u> </u> |
| ses | 2 | Cash prizes | | - | | | | | |
| Direct Expense | 3 | Noncash prizes | | | | | | | |
| Direct | 4 | Rent/facility costs | | - | | | | | |
| | 5 | Other direct expenses | | | | | | | |
| | 6 | Volunteer labor | Yes No | % | Yes No | % | Yes No | % | |
| | 7 | Direct expense summary | Add lines 2 through 5 in | column (d) | | | | • | |
| | 8 | Net gaming income summ | nary Subtract line 7 from | ı lıne 1, colur | nn (d) | | _ | • | |
| | ls t | ter the state(s) in which the the organization licensed to No," explain | - | | | | | | Yes No |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2016

b If "Yes," explain

| Sche | dule G (Form 990 or 990-EZ) 2016 South Florida Symphony Orchestra, | 65-0846695 | F | age 3 |
|------|--|-------------------|------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity | _ | | |
| | formed to administer charitable gaming? | | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in | | | |
| а | The organization's facility | 13a | | % |
| b | An outside facility | 13b | | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | ٦ | - 1 | |
| | revenue? | L | Yes | No |
| b | | d the | | |
| | amount of gaming revenue retained by the third party ▶ \$ | | | |
| С | If "Yes," enter name and address of the third party | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 16 | Gaming manager information | | | |
| | Name ► | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or | | | |
| | spent in the organization's own exempt activities during the tax year > \$ | | | |
| Pai | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu | | nd | |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addit | ional information | | |
| | See instructions | | | |
| | | | | |
| | | | | |

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Inc

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

Attach to Form 990 or Form 990-EZ

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Name of the organization

South Florida Symphony Orchestra,

Employer identification number 65-0846695

| 1 | | (b) Relation | inship between disq | ualified | perso | n and | | | | | (d) (| Correct | ed? |
|--------|---|------------------------------------|---------------------|----------------|----------------|------------------------------|-------------------------|----------------|-----|-------------------------------------|---------|----------------|----------|
| | (a) Name of disqualified person | (B) risidile | organizatio | | p0,00 | | (c) Description of tran | saction | | | Yes | $\overline{}$ | No |
| 1) | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | |
| | | | | | | | | | | _ | | | |
| | | L | | | | L | · | | | | | | |
| | the amount of tax incurred by the or section 4958 | ganization managers | or disqualified | perso | ns du | uring the year | | ▶ \$ | | | | | |
| Enter | the amount of tax, if any, on line 2, a | above, reimbursed by | the organizatio | n | | | | ▶ \$ | | | | | _ |
| | | | | | | | | | | | | | |
| art II | Loans to and/or From I | nterested Perso | ns. | | | | | | | | | | |
| | Complete if the organization an | swered "Yes" on Forn | n 990-EZ, Part | V, line | 38a | a or Form 990, Par | t IV, line 26, or if | the | | | | | |
| | organization reported an amour | | | | | ····· | | ···· | | | | | |
| | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Lo | an to m the | (e) Onginal principal amount | (f) Balance due | (g) In default | | (g) In default? (h) Appr by boar | | (i) W agree | |
| | | | | or | 2 | · · | | <u> </u> | | comn | nittee? | | _ |
| | | | | То | From | | | Yes | No | Yes | No | Yes | N |
| Due to | Sebrina Alfonso | Music Dire | ctor | ١,, | | | | | ., | ,, | | | |
| | | | | X | | 81,458 | 79,235 | | X | Х | | Χ | ╁ |
| Jacque | eline Lorber Loan | President | IC CEC | | | L L | | | | 1 | | | |
| 1 | | rrebraene | a CEO | l _v | | 21 222 | 22 176 | | l v | v | 1 | V | 1 |
| | | | A CEO | X | | 21,909 | 23,176 | | Х | X | | X | \vdash |
| | | Frestaene | CEO | X | | 21,909 | 23,176 | | Х | X | | X | ig |
| | | Trostacine | CEO | X | | 21,909 | 23,176 | | Х | X | | X | - |
| | | Prostacine | A CEO | X | | 21,909 | 23,176 | | X | X | | X | |
| | | President | a CEO | X | | 21,909 | 23,176 | | Х | X | | X | |
| | | Trostadine | a CEO | X | | 21,909 | 23,176 | | X | X | | X | |
| | | | a CEO | X | | 21,909 | 23,176 | | X | X | | X | |
| | | | a CEO | X | | 21,909 | 23,176 | | X | X | | X | |
| | | | a CEO | X | | 21,909 | 23,176 | | X | X | | X | |
| | | | a CEO | X | | 21,909 | 23,176 | | X | X | | X | |
| | | | a CEO | X | | 21,909 | 23,176 | | X | X | | X | |
| | | | a CEO | X | | 21,909 | 23,176 | | X | X | | X | |
| | | | | X | | 21,909 | 23,176 | | X | X | | X | |
| | | | | X | | 21,909 | 23,176 | | X | X | | X | |
| | | | | X | | 21,909 | 23,176 | | X | X | | X | |

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 5) | | | | |
| 7) | | | | |
| 3) | | | | |
|)) | | | | |
|)) | | | | |

Total

| chedule L (F | Form 990 or 990-EZ) 2016 South Flo | rida Symphony | Orchestra, | 65-0846695 | Page |
|---|---|---|---------------------------------------|---------------------------------------|-------------------|
| Part IV | Business Transactions Involving In | | | | |
| | Complete if the organization answered "Yes" or | n Form 990, Part IV, line 28a | , 28b, or 28c T | | (e) Sharing |
| | (a) Name of interested person | (b) Relationship between interested person and the | (c) Amount of transaction | (d) Description of transaction | of org |
| | | organization | 113,733,107 | | Yes No |
|) | | <u> </u> | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | · | | | | |
| 5) | ····· | | | | \longrightarrow |
| 6) | | | | | |
| 7) | | | | | |
| 8) 9) | | | | | |
| <u>9) </u> | | | | | |
| Part V | Supplemental Information | | | | |
| | Provide additional information for responses to | questions on Schedule L (se | ee instructions) | | |
| | | <u> </u> | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

South Florida Symphony Orchestra,

Employer Identification number 65-0846695

| | Inc. | | | | | | 65-0 |)8466 <u>9</u> | <u>5</u> | | |
|---------|--|-------------------------------|--|--|----------|-------|------------------|--|----------------|------|-------------|
| Pa | rt I Types of Property | | | | | | | | _ | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | | | | (d) of determining ntnbution amoun | nts | | |
| 1 | Art — Works of art | | | | | | | | | | |
| 2 | Art — Historical treasures | | | | | | | | | | |
| 3 | Art — Fractional interests | | | | | | | | | | |
| 4 | Books and publications | | | | | | | | | | |
| 5 | Clothing and household | | | | | | | | | | |
| | goods | | | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | | |
| 7 | Boats and planes | | · · · · · · · · · · · · · · · · · · · | | | | · | | | | |
| 8 | Intellectual property | | | | | | | | | | |
| 9 | Securities — Publicly traded | | | | | | | | | | |
| 10 | Securities — Closely held stock | | | | | | | | | | |
| 11 | Securities — Partnership, LLC, or trust interests | | | | | | | | | | |
| 12 | Securities — Miscellaneous | | | | | | | | | | |
| 13 | Qualified conservation | | | 1 | | | | | | | |
| | contribution — Historic | | | | | | | | | | |
| | structures | | | | _ | | | | | | |
| 14 | Qualified conservation | • | | | | | | | | | |
| | contribution — Other | | | | | | | | | | |
| 15 | Real estate — Residential | ļ | · | | | | | | | | |
| 16 | Real estate — Commercial | ļ | | | | | | | | | |
| 17 | Real estate — Other | | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | | |
| 19 | Food inventory | X | 3 | 837 | Ŀδ | ar | Market | value | } | | |
| 20 | Drugs and medical supplies | | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | | |
| 23 | Scientific specimens | | | | <u> </u> | | | | | | |
| 24 | Archeological artifacts | | 1 | 25,000 | E. | | Market | V2] 110 | | | |
| 25 | Other ► (Leashold Improv) | X | 1 | 12,500 | | | Market Market | | | | |
| 26 | Other ▶ (Plano) | X | _1 | 12,300 | ГС | 1 T T | Market | varue | <u>-</u> | | |
| 27 | Other ► (| | | | | | | - | | | |
| 28 | Other ►(| | | (ar antributions for | | Г | | | | | |
| 29 | Number of Forms 8283 received by the | | | | 29 | | | | | | |
| | which the organization completed For | m 8283, P | art IV, Donee Acknowled | gement | | | | | | Yes | No |
| 20- | Down the constitution of the constitution of | b | contribution any property | roported in Part L lines 1 th | rough | | | | _ | 1.00 | 110 |
| 30a | During the year, did the organization r | | | | | | | | | | |
| | 28, that it must hold for at least three | | | ithibution, and which isn't rec | quireu | | | | 30a | | Χ |
| _ | to be used for exempt purposes for th | | plaing period? | | | | | | 300 | | |
| 24 D | If "Yes," describe the arrangement in Does the organization have a gift accident | | alogy that requires the rev | low of any nonetandard | | | | | | | |
| 31 | | eptance pt | oncy that requires the lev | iew of arry floristandard | | | | | 31 | 1 | Х |
| 22- | contributions? Does the organization hire or use third | d natice o | r related organizations to | solicit process or sell popo | rash | | | | ٽ ا | | <u> </u> |
| 32a | | u panies 0 | Transca Organizations to | conon, process, or son none | | | | | 32a | | Х |
| h | contributions? If "Yes," describe in Part II | | | | | | | | | | |
| 33 | If the organization didn't report an am | ount in col | umn (c) for a type of pro | nerty for which column (a) is | checl | ked | | | | | |
| 55 | describe in Part II | Cark III COI | anni (o) ioi a type oi pioj | (a) 10. 11.11.01. 00.011111 (a) 10 | 500 | , | | | | | |

South Florida Symphony Orchestra, 65-0846695

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990. South Florida Symphony Orchestra,

Employer identification number

Inc.

65-0846695

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Jacqueline Lorber

Sebrina Alfonso

CEO/Pres.

Music Direct

Married

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Board of Directors meets to review Form 990 and approve the information reflected in Form 990 prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Employees and the Board of Directors have reviewed the conflicts of CEO/President Music Director disclosed if they arise.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Review by Board of Directors

Form 990, Part VI, Line 15b - Compensation Process for Officers Review by Board of Directors

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request

Form 990, Part IX, Line 11g - Other Fees for Services Description

| | _ |
|------|---|
| Page | 2 |

| Schedule O (Form 990 | 0 or 990-EZ) (2 | (016) | | | | Page 2 | | |
|--------------------------|-------------------|-----------------|-------|---------------|--------------------------------|---------|--|--|
| Name of the organization | | | | | Employer identification number | | | |
| South Flor | rida Syn | mphony Orchestr | a, | | 65-084 | 6695 | | |
| , | . Program Service | | Mgt & | Mgt & General | | raising | | |
| Musicians | | | | | | | | |
| | \$ | 467,508 | \$ | 0 | \$ | 0 | | |
| Independe | nt Cont | ractors | | | | | | |
| | \$ | 0 | \$ | 43,389 | \$ | 0 | | |
| Profession | nal Fees | 5 | | | | | | |
| | \$ | 8,935 | \$ | 0 | \$ | 99,793 | | |
| | Total | | | | | | | |
| | \$ | 476,443 | \$ | 43,389 | \$ | 99,793 | | |